



International Association of Chiron Healers Inc. A0040298F ABN 12 650 790 270
Registered Office:
1002 Lydiard St. Nth., Ballarat Victoria 3350 Australia
Secretary 0451 859 978
E-mail: secretary@iachi.com

ANNUAL MEMBERSHIP RENEWAL FORM

- Use this form **ONLY** to renew your membership. If you wish to join IACHI for the first time, please use the correct Membership Application Form, which you can download from the IACHI website at www.iachi.com
- Professional level members must maintain current financial status and abide by all contractual requirements to retain Chiron Healing® Practitioner and / or Teacher qualifications.
- Membership runs from 1st July to 30th June each year. You must be a current financial member to vote, or to hold office in the Association.
- Membership fees are due on 1st July each year.

MEMBERSHIP CATEGORY (please tick one)

I wish to renew my annual membership in the following category:

- Professional membership (Practitioner / Teacher)
- Non-Professional membership
- Associate membership

PERSONAL DETAILS (to be completed by all applicants)

Name in full: _____

Address: _____

Town/City: _____ State: _____ Zip/Postcode: _____ Country: _____

Membership No. (if known): _____ Birth Date (DD/MM/YYYY): ____/____/____ Gender (optional): Male Female

Telephone (B/H): () _____ Telephone (A/H): () _____

Mobile: _____ Fax: () _____

E-mail: _____

PAYMENT DETAILS (All payments in Australian currency)

ANNUAL MEMBERSHIP FEE: (Please tick one box)

- \$AUD 150.00 for Professional membership
- \$AUD 58.00 for Non-Professional membership
- \$AUD 32.00 for Associate membership

(GST is NOT included - I.A.C.H.I. is not registered for GST.)

Please make cheques payable to: "I.A.C.H.I." or the "International Association of Chiron Healers Inc."

Please find enclosed my: Cheque Money Order

Direct Bank Deposit Bank Details Account Name: International Assoc. of Chiron Healers
Bendigo Bank BSB 633-000 Account No. 128340858 SWIFT BENDAU3B

I wish to pay by **PayPal**. Please make payment to chiron.payments@gmail.com and reference your name and membership renewal category.
N.B. You must also complete and submit this form.

PERMISSIONS *(to be completed by all applicants)*

Please tick one of the following boxes:

- I **would** like to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.
- I **would not** like to be placed on a mailout list to receive additional information on upcoming seminars, courses and events in my area.

Please tick box(es) where appropriate:

- I **DO consent** to my name and contact details being published in the following IACHI documents:
 - Official IACHI website
 - Membership directory *(when available)*
 - Any other official public IACHI advertising or documents *(as required)*

OR

- I **DO NOT consent** to my name and contact details being published in public IACHI documents:

WORKING WITH CHILDREN CLEARANCE *(to be completed by renewing **PROFESSIONAL MEMBERS** who work with children and young people 18 years and under)*

- I have read, and agree to comply with, the IACHI "Working with Children" policy.
(A copy of the policy is available from IACHI Secretary as noted in the Student Logbook & AESC Teacher's Handbook Appendix L).
- I currently hold an Australian "Working with Children Clearance" (WWCC) **or overseas equivalent** which allows me to work with children and young people 18 years and under.
- I am a member of a government registered profession which screens its members for criminal offences prior to entry (e.g. doctors, teachers, childcare workers).

COMPULSORY PROFESSIONAL DEVELOPMENT (CPD) *(to be completed by renewing **PROFESSIONAL MEMBERS**)*

- I have completed the required CPD hours for the current year (1 July to 30 June).
(Please see the current IACHI Student Logbook or IACHI Teacher's Handbook for further details).

DECLARATION *(to be completed by all applicants)*

Please read the following carefully, tick boxes that apply, then sign below:

- I declare that the information provided in this renewal application is true and correct.
- I agree to abide by the Rules of the International Association of Chiron Healers Inc., and its Code of Ethics, and to support the purposes of the Association.

(Signature of applicant)

Date: _____

Please Note:

Professional Members must maintain current financial membership of IACHI and abide by all contractual requirements to retain Chiron Healing® Practitioner and / or Teacher qualification.

Professional Members (i.e. Practitioners and Teachers) who work with those under 18 years of age are required to obtain a "Working with Children" clearance, or overseas equivalent.

Membership fees are processed by the IACHI Treasurer and a receipt will be issued.

If your name appears on the official IACHI website, please check all details are correct, and notify the IACHI Website Committee via secretary@iachi.com if there are any errors. Thank you.

Send Completed Form and Payment To IACHI Treasurer:

E-mail: treasurer@iachi.com

Mail: PO Box 509, Mt Evelyn. Victoria. Australia 3796